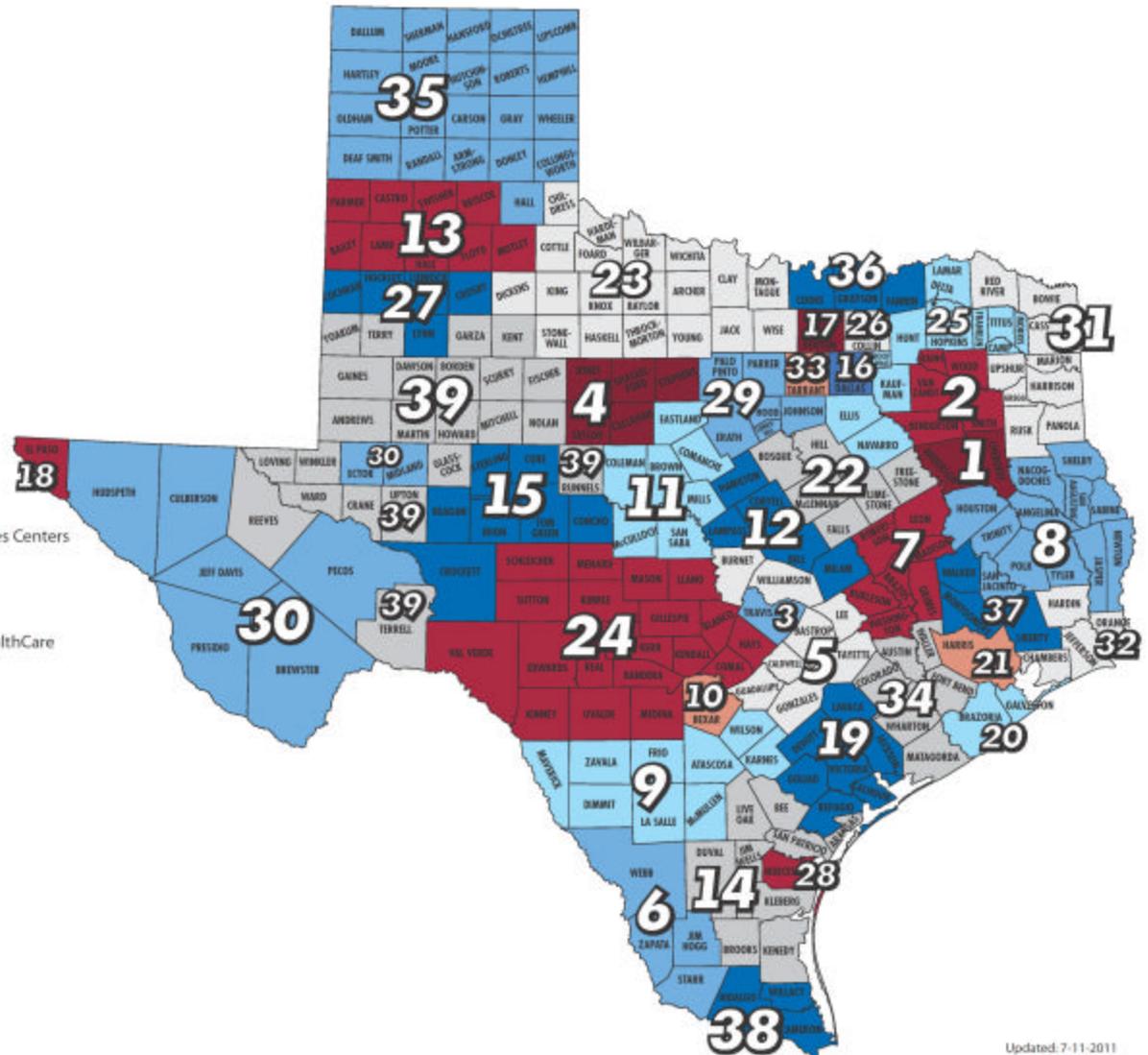


Senate Health and Human Services Committee

May 9, 2012

Danette Castle, Executive Director
Texas Council of Community Centers

1. ACCESS
2. Andrews Center Behavioral Healthcare System
3. Austin Travis County Integral Care
4. Betty Hardwick Center
5. Bluebonnet Trails Community Services
6. Border Region MHMR Community Center
7. MHMR Authority of Brazos Valley
8. Burke Center
9. Camino Real Community Services
10. The Center for Health Care Services
11. Center for Life Resources
12. Central Counties Center for MHMR
13. Central Plains Center
14. Coastal Plains Community Center
15. MHMR Services for the Concho Valley
16. Metrocare Services
17. Denton County MHMR Center
18. El Paso MHMR
19. Gulf Bend MHMR Center
20. Gulf Coast Center
21. MHMR Authority of Harris County
22. Heart of Texas Region MHMR Center
23. Helen Farabee Centers
24. Hill Country Mental Health and Developmental Disabilities Centers
25. Lakes Regional MHMR Center
26. LifePath Systems
27. Lubbock Regional MHMR Center
28. MHMR of Nueces County
29. Pecan Valley Centers for Behavioral & Developmental HealthCare
30. Permian Basin Community Centers
31. Community Healthcore
32. Spindletop Center
33. MHMR of Tarrant County
34. Texana Center
35. Texas Panhandle Centers
36. Texoma Community Center
37. Tri-County Services
38. Tropical Texas Behavioral Health
39. West Texas Centers



Texas Council
of Community Centers

Updated: 7-11-2011

Community Centers of Texas

Touching the lives of more than 500,000 people (FY 2011)

Year	Early Childhood Intervention	Intellectual & Developmental Disabilities	Substance Use Disorder	Mental Health	Other	Total
FY 2009	43,401	43,499	34,717	277,830	31,688	431,135
FY 2010	46,450	56,317	44,061	296,473	62,862	506,163
FY 2011	44,955	59,324	32,623	299,343	84,110	520,355

Overview of MH Service Array

Adults & Children

Statewide

- Crisis Hotline (accredited)
- Mobile Crisis Outreach Teams
- Crisis Transitional Services
- Intensive Ongoing Services
- Jail Diversion
- Medication-Related Services
- Skills Training (psychosocial rehab)
- Case Management
- Cognitive Behavioral Therapy
- Supported Employment
- Supported Housing
- Assertive Community Treatment
- Benefits Assistance

Certain Local Service Areas

- Crisis Stabilization Units
- Extended Observation (23 – 48 hrs)
- Crisis Residential Services
- Crisis Respite Services
- Crisis Step-Down/Local Hospital
- Outpatient Competency Restoration
- Community Hospitals
- Local Hospital Beds
- Substance Use Disorder Services
- Homeless Services
- Peer Support Services

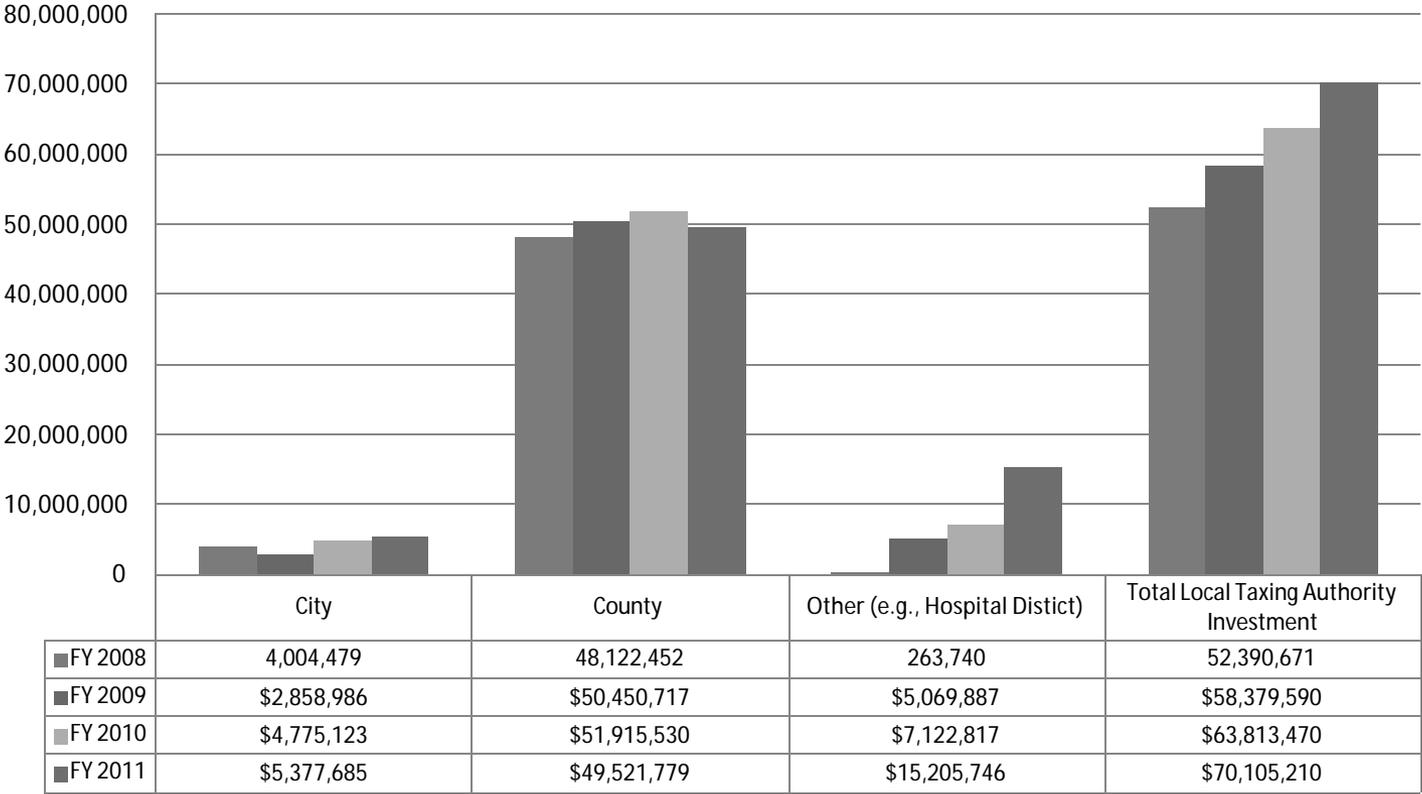


Section 533.035 Texas Health & Safety Code

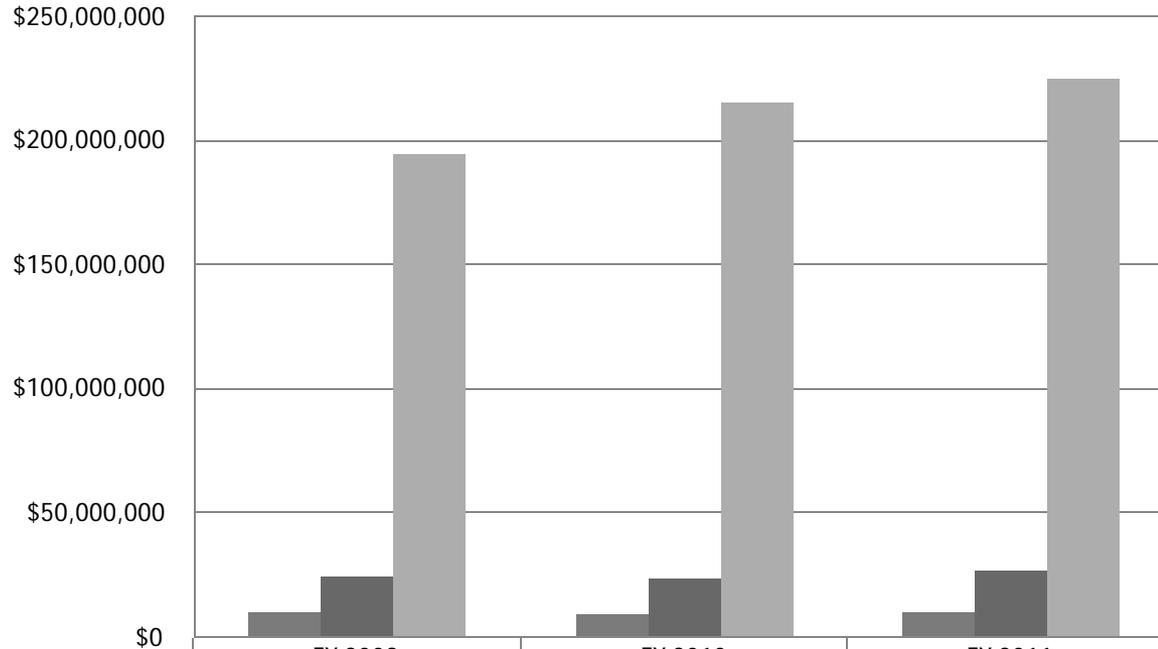
Delegates responsibilities of the State Authority to the designated **Local Authorities** for:

- ➔ Planning;
- ➔ Policy development;
- ➔ Coordination;
- ➔ Resource allocation;
- ➔ Resource development; and
- ➔ Oversight of services.

Local Taxing Authority Investment



State Local Match (Required) Compared to Local Resources Generated



	FY 2009	FY 2010	FY 2011
■ Required Local Match (DADS)	\$9,629,695	\$8,945,437	\$9,698,115
■ Required Local Match (DSHS)	\$24,001,770	\$23,912,978	\$26,933,986
■ Total Local Resources (Actual)	\$194,474,526	\$215,016,155	\$224,808,944

Source: Community Center audited financial statements.

Patient Assistance Program (PAP)

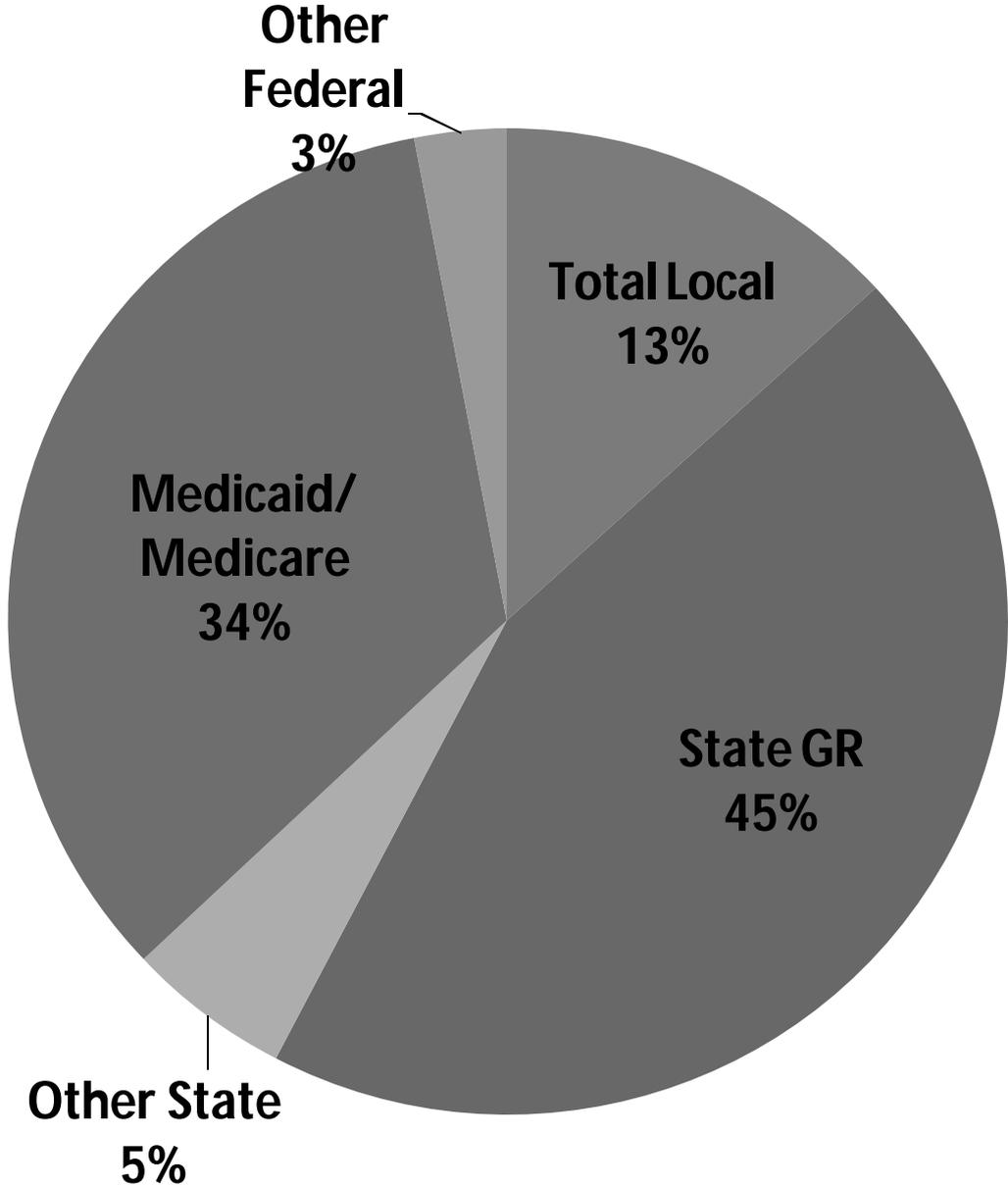
Program offered by pharmaceutical companies—available to eligible low-income individuals or families who are under-insured or uninsured. Community Centers assist individuals with the process of obtaining medications through the program.

Year	Purchased Medications	PAP Med Value	PAP Med Value as % of Total	Purchased and PAP (Total)
FY08	\$50M	\$39M	44%	\$89M
FY09	\$47M	\$56M	54%	\$103M
FY10	\$41M	\$71M	63%	\$112M
FY11	\$30M	\$83M	73%	\$113M

Source: DSHS CARE Reports



Resource Partnership (FY 2011)





Section 533.0354

Texas Health and Safety Code [HB 2292]

Outcome Based MH Service Delivery & Jail Diversion Programs

- Texas Recommended Authorization Guidelines (TRAG)
- Evidence-Based Practice (Resiliency & Disease Management)
- Medical Necessity
- Utilization Management
- Outcome Measures:
 - General Functioning
 - Housing
 - Employment/School
 - Criminal/Juvenile Justice Involvement
 - Co-occurring substance use



Section 533.035

Texas Health and Safety Code [HB 2292]

The local authority shall consider **public input**, ultimate **cost-benefit** and **client care** issues to ensure consumer choice and the **best use** of public money in:

- assembling a network of service providers
- making treatment recommendations
- procuring services by RFP or open enrollment
- serving as a provider of last resort

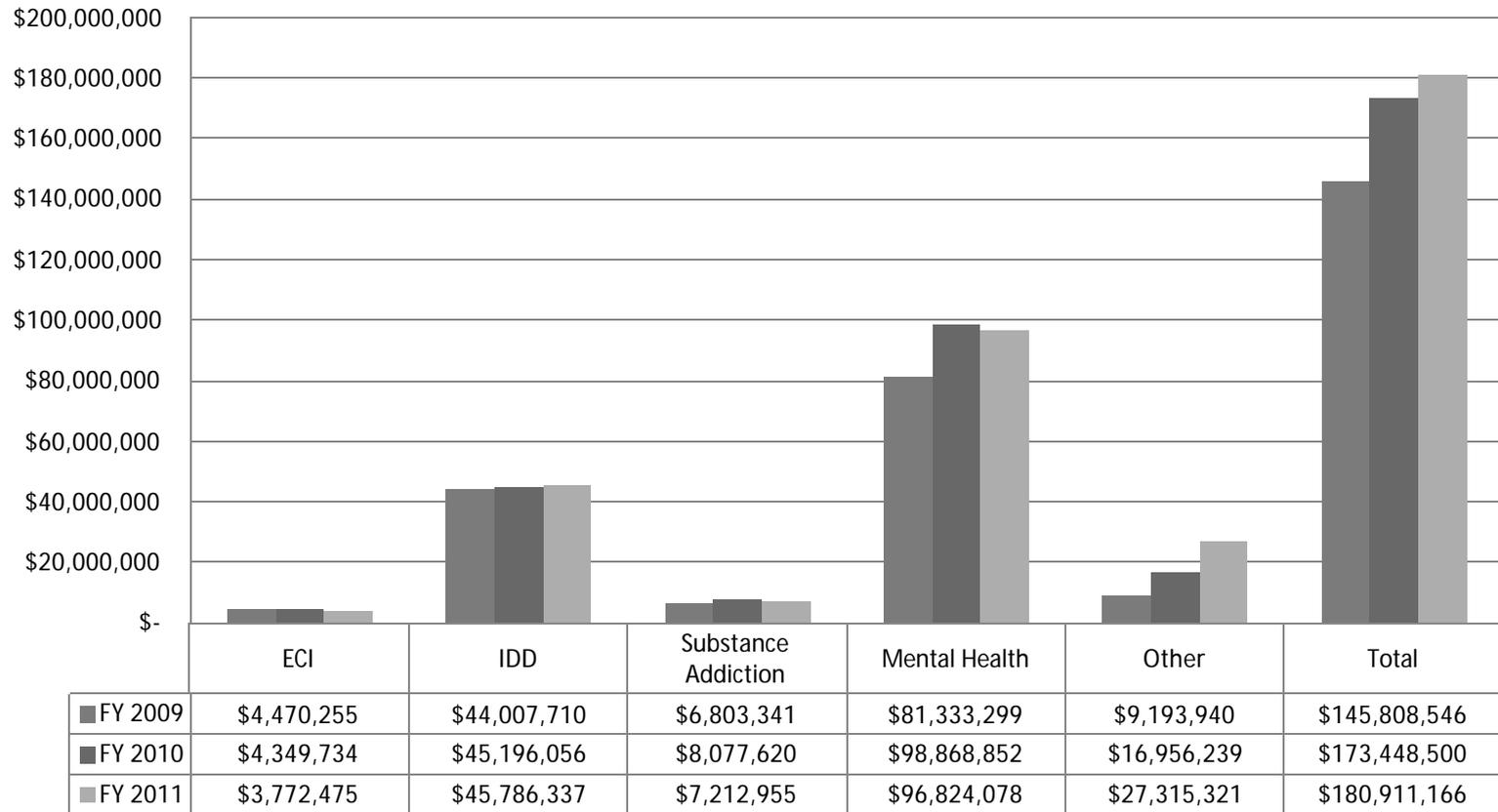
Clarifying “Provider of Last Resort”

<p>HB 2572 (2005)</p>	<p>Governor’s Executive Order RP 45 (2005)</p>	<p>HB 2439 (2007)</p>
<ul style="list-style-type: none"> ➔ Mitigated “Provider of Last Resort” ➔ Codified Texas Council/PPAT agreement for IDD Services ➔ Repealed section related to MH Services ➔ Passed by the legislature ➔ Vetoed by the Governor 	<ul style="list-style-type: none"> ➔ AG opinion regarding applicability of ‘Provider of Last Resort’ to MH Services ➔ Negotiated Rule Making <ul style="list-style-type: none"> ➔ Protect consumer choice ➔ Protect the safety net ➔ Recognize local differences ➔ Responsible timeline ➔ Protect service funds 	<ul style="list-style-type: none"> ➔ Codified Outcome of Negotiated Rule Making ➔ Elevates Local Planning and Network Development (LPND) ➔ Promotes expanded choice for consumers ➔ Creates opportunity in local network for private providers ➔ Ensures continued availability of public safety net ➔ Directs HHSC to seek Medicaid waiver if necessary to implement locally managed system₁₂

Local Planning and Network Development (LPND)

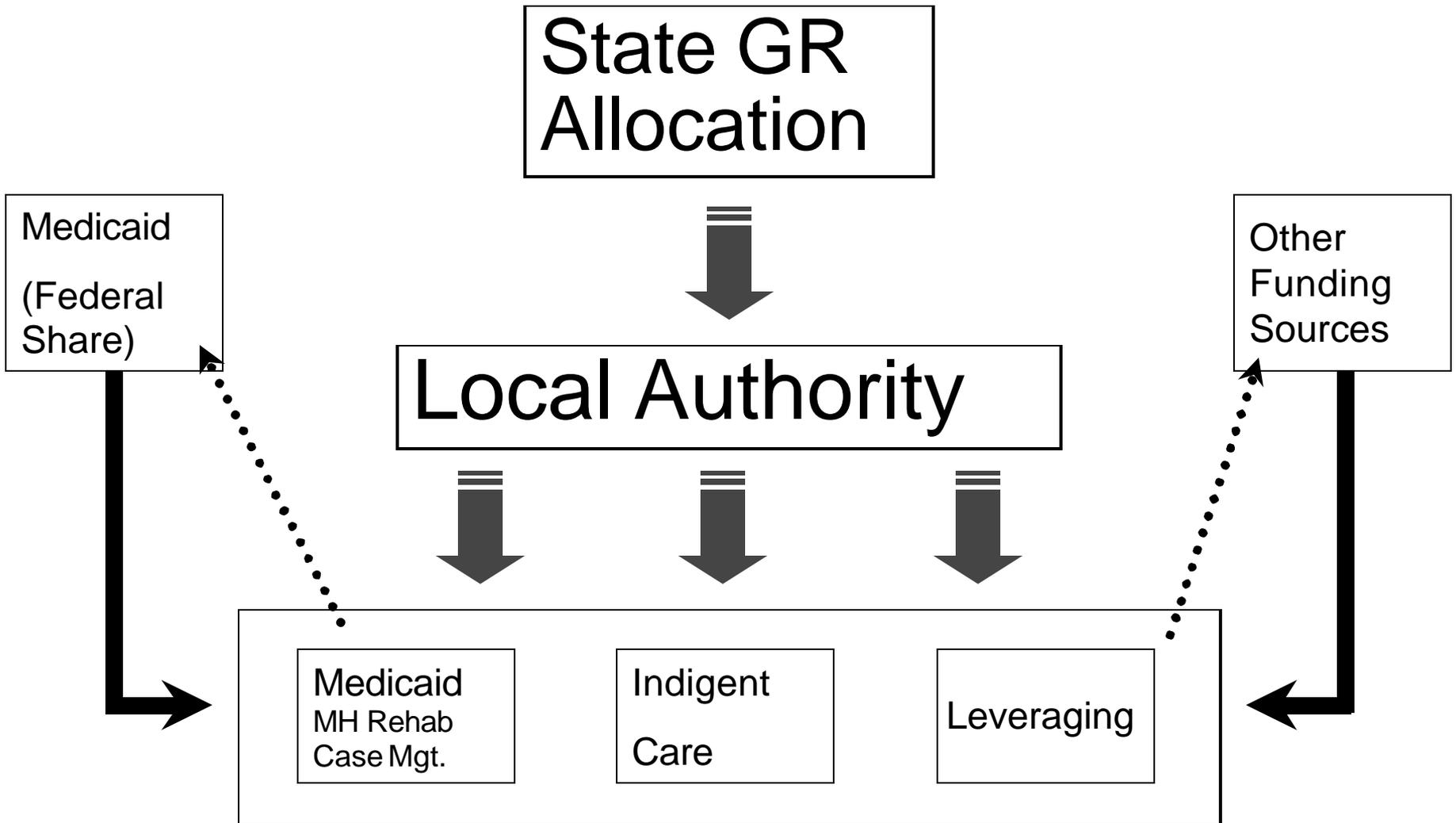
- Consumer and public involvement (locally and with Local Authority Network Advisory Committee)
- Best value decision-making and consideration of certain conditions for directly providing services
- Two year planning cycle, entering third cycle
- Challenges & Opportunities
 - Provider Response (rates & regulatory requirements)
 - RFP vs. Open Enrollment

Outsourced Services and Supports



Medicaid MH Rehabilitation 1915 (b) Waiver

- Directed by HB 2439 (2007) if necessary to implement a locally managed mental health system
- Seeks flexibility from CMS for a Selective Contracting waiver to deliver specialized Mental Health services
- Ensures statewide availability of specialized services, cost certainty for the state and continuity of care across Medicaid and medically indigent populations
- **Does** include Medicaid MH Rehabilitation Services for state defined target populations only:
 - major depression
 - schizophrenia
 - bipolar disorder
 - serious emotional disturbance (children)
- **Does not** include standard mental health benefits provided through HMO Health Plans
- **Does** require Local Authorities to pay subcontracted MH Rehab providers the full Medicaid rate
- **Does not** affect the NorthSTAR pilot

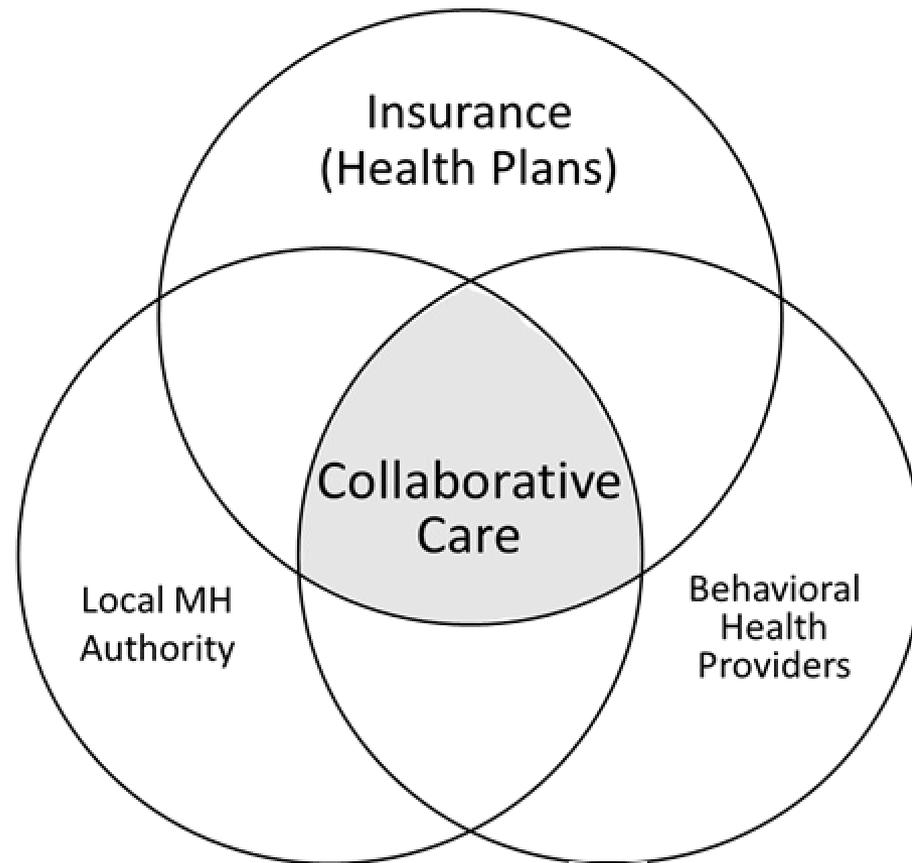


Medicaid Managed Care

Mental Health
Services include
psychiatry, nursing
and counseling
services

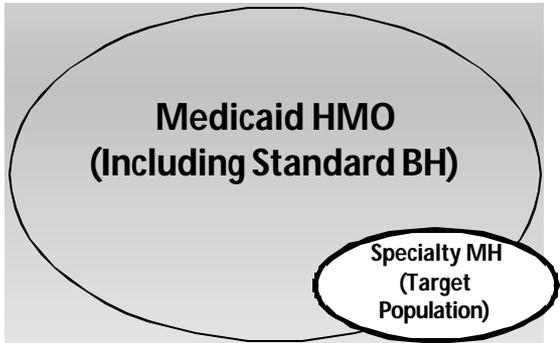
EI services

- Credentialed providers in the network
- LMHA-MCO joint responsibility for coordination of services for people with serious mental illness

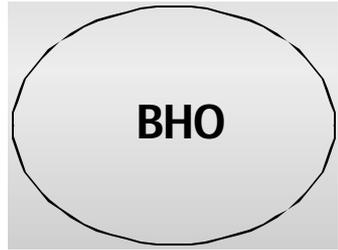
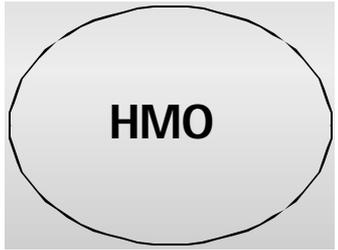


Medicaid Managed Care

STAR & STAR PLUS (Modified Carve-In) (Integrated Financing w/Specialty MH Services)



NorthSTAR (Full Carve-Out) (Segregated Managed Care Financing)





1115 Transformation Waiver

- Texas leadership has provided an unprecedented opportunity to address unmet behavioral health needs and reduce overall health care costs
- Community Centers are actively engaged with Regional Healthcare Partnerships
- Community Centers will provide IGT
- Community Centers will develop and manage DSRIP projects

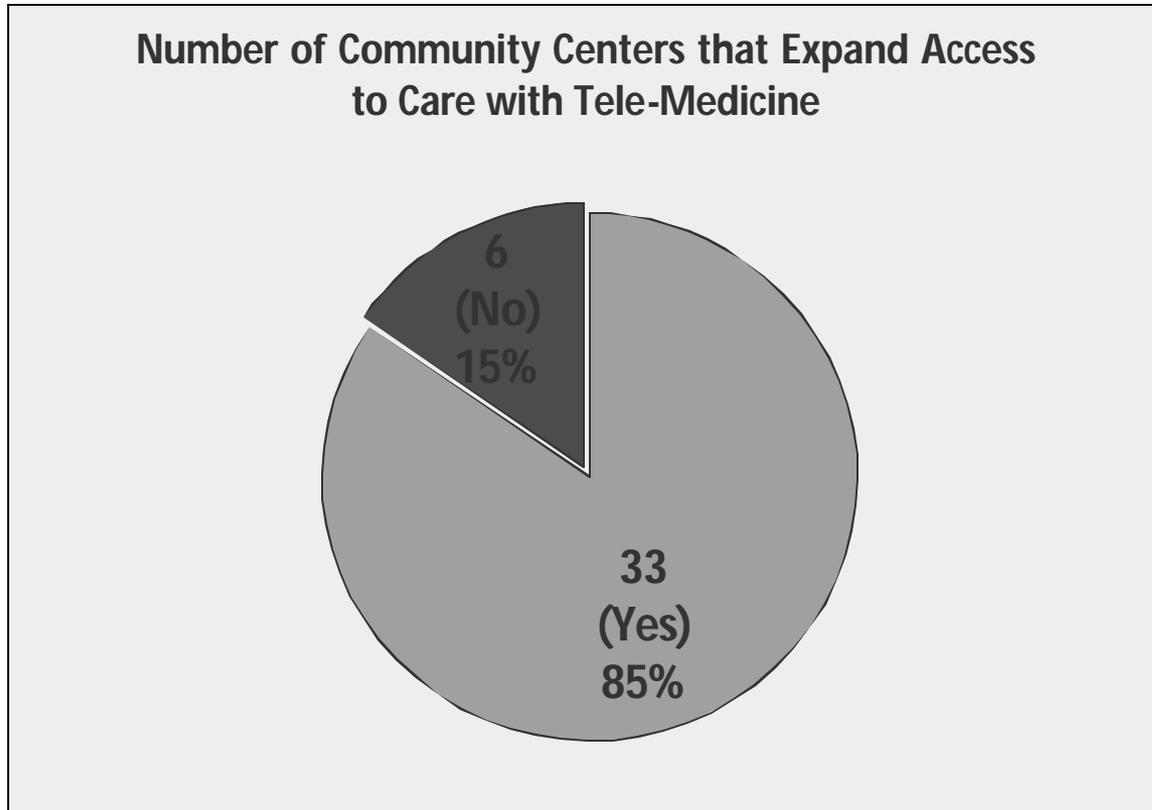
Building Foundations for the Future (Initiatives Underway)

- Electronic Health Records
- Telemedicine
- Peer Support Services
- MH First Aid
- Veteran's Initiatives
- Integrated Care

Electronic Health Records (EHRs)

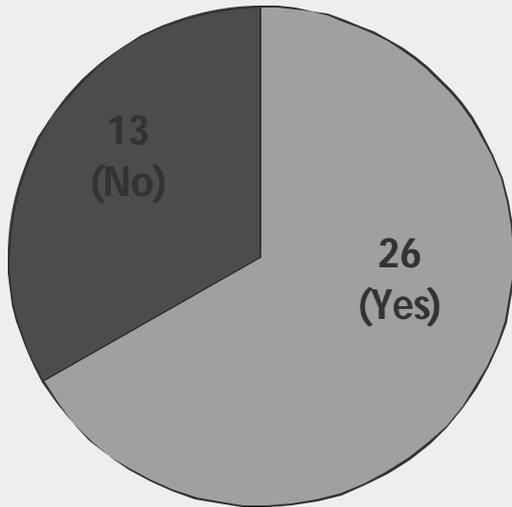
Description	# of Community Centers	%
Partially electronic , but are still reliant on paper records	12	31%
Substantially electronic (un-certified) intent to certify current system	2	5%
Substantially electronic (un-certified) intent acquire new certified EHR	8	21%
Substantially electronic (certified)	17	44%
Total	39	

Tele-Medicine: Expands Access to Care



Peer Support Services

Number of Community Centers that Offer Peer Support Services



of Certified Peers (Via Hope)

51

of Non-Certified Peers

25

Source: Statewide data collected by Texas Council April, 2012.

Mental Health First Aid In Texas

Assess for risk of suicide or harm
Listen nonjudgmentally
Give reassurance and information
Encourage appropriate professional help
Encourage self-help and other support strategies

- 65% of certified instructors in Texas work at Community Centers
- Centers trained over 1,500 individuals in 2011
- Centers trained over 3,200 individuals since 2008
- Trainings have included staff from law enforcement, churches, colleges, bus drivers, libraries, hospitals, corporations, community service agencies, first responders, CPS, military, property managers

People may know CPR or the Heimlich Maneuver, but the truth is they are more likely to come across someone in an emotional crisis than someone having a heart attack.



Veterans Initiatives

SB 1325 Peer-to-Peer MH (81st)

- \$1.2 M for Peer Support, CPT training (81st legislature)
- \$5 M (Governor's Initiative)
- \$5 M to maintain initiative (82nd legislature)
- Local Authority Role

Training Programs

- Cognitive Processing Training
- Bring Everyone into the Zone
(Veteran Peer-to-Peer) –
- Operation Resilient Families
(Family Trauma Therapy)
(29 veterans and 24 family members)

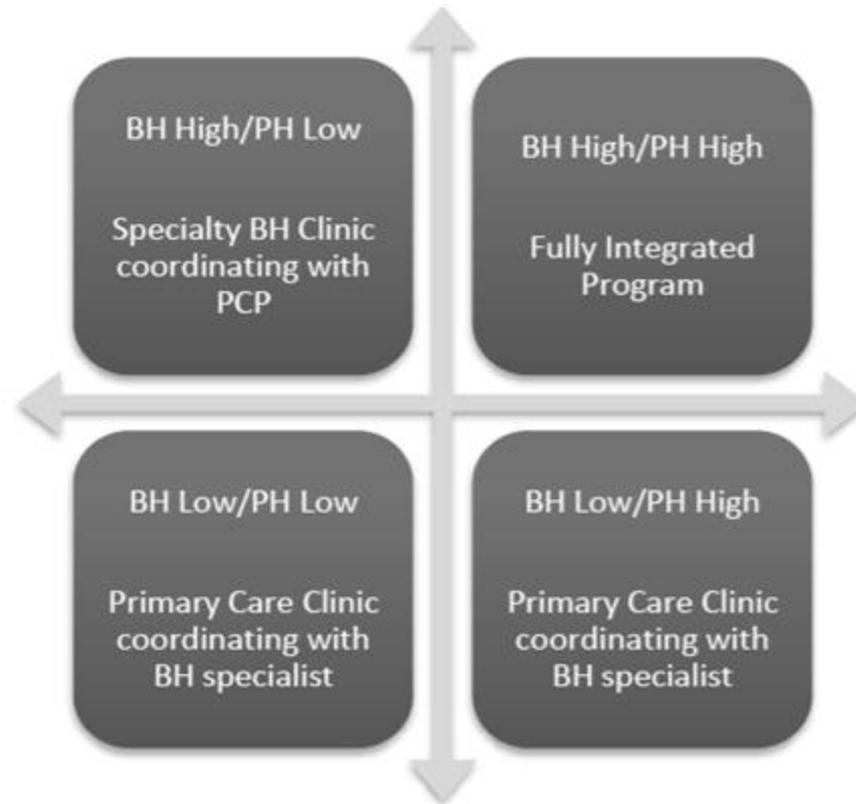
Trainees

133 Clinicians
460 Individuals
300 more authorized
53 Facilitators

Integrated Care: A Community Solution

Four (4) Quadrant Model

Behavioral Health (BH) and Physical Health (PH)



Future Considerations: Bridge to Health Care Redesign

- Strong local safety net for people with serious mental illness, substance use disorders and intellectual disabilities.
- Crisis response system, alternatives to hospitals and jail diversion can be strengthened with health care redesign (including 1115 Waiver).
- Access to effective mental health & substance use disorder treatment is key to 'bending the curve' of escalating health care costs.